

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. DOROTHY B. THOMAS**

Mailing Address 3918 ALHAMBRA DRIVE WEST

City	State	Zip Code
JACKSONVILLE	FL	32207-6013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.119454**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**DR. GEORGE THOMAS**

Mailing Address 4610 RIVERVIEW BOULEVARD

City	State	Zip Code
BRADENTON	FL	34209-1964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.118172**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**KATHLEEN THOMAS-BECK**

Mailing Address 2197 ROCKLEDGE DRIVE

City	State	Zip Code
ROCKLEDGE	FL	32955-5401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCGLADREY

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.114632**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

5900.00

**Total This Period (last page this line number only)**.....